

**TELECOMMUNICATIONS SERVICE PRIORITY (TSP) SYSTEM  
TSP SERVICE RECONCILIATION FOR SERVICE VENDORS**

*(See Instructions on back before completion.)*

*Form Approved  
OMB No. 0704-0305  
Expires Oct 31, 2000*

The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0305), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO ADDRESS BELOW.**

**1. VENDOR NAME**

**2. TSP SERVICE INFORMATION**

a. ITEM NO.	b. TSP AUTHORIZATION CODE	c. PRIME SERVICE VENDOR CIRCUIT ID
1.	TSP —	
2.	TSP —	
3.	TSP —	
4.	TSP —	
5.	TSP —	
6.	TSP —	
7.	TSP —	
8.	TSP —	
9.	TSP —	
10.	TSP —	
11.	TSP —	
12.	TSP —	
13.	TSP —	
14.	TSP —	
15.	TSP —	
16.	TSP —	
17.	TSP —	
18.	TSP —	
19.	TSP —	
20.	TSP —	

**3. POINT OF CONTACT**

<b>a. NAME</b>		<b>b. TITLE</b>	
<b>c.(1) STREET ADDRESS</b>		<b>(2) CITY</b>	<b>(3) STATE</b>
		<b>(4) ZIP CODE</b>	
<b>d. TELEPHONE NUMBER (Area Code/Number/Extension)</b>		<b>e. ELECTRONIC MAILING ADDRESS</b>	
<b>4. DATE DATA COMPILED (MMDDYYYY)</b>		<b>5. NUMBER OF ITEMS REPORTED</b>	
<b>6.a. SIGNATURE</b>		<b>b. DATE</b>	

**SEND COMPLETED FORM TO:** Manager, National Communications System  
ATTN: Office of Priority Telecommunications  
701 South Court House Road  
Arlington, VA 22204-2198

## INSTRUCTIONS FOR TSP SERVICE RECONCILIATION

Complete this form only if the TSP Program Office has requested TSP reconciliation information from your company.

If you are reconciling information on more than 20 TSP services (or 20 Prime Service Vendor Service ID's), attach additional TSP Service Reconciliation forms (SF 319) or sheets of paper the same size and format as the printed forms. Complete Items 3 through 6 on the first form only. List every Prime Service Vendor Service ID for which your company is providing priority restoration (i.e., TSP restoration priority of 1, 2, 3, 4, or 5) as a prime contractor to a service user.

**Item 1. Vendor Name.** Enter full vendor name, exactly as previously submitted to the TSP Program Office by your company.

**Item 2. TSP Service Information.** For each TSP service which you are reconciling, provide:

b. TSP Authorization Code. The TSP Control ID (positions 1-9 of the TSP Authorization Code) is the only optional item on the form; the TSP Priority Levels (positions 11 and 12 of the TSP Authorization Code) are required.

c. Prime Service Vendor Service ID. Enter the Circuit/Service ID. DO NOT enter segment numbers.

**Item 3. Point of Contact.** The point of contact is the representative of the prime service vendor who will be called if there are any questions regarding information on this form. Enter name, title, full business address and telephone number. Include electronic mailing address if available.

**Item 4. Date Data Compiled.** Enter the month, day, and year when data was compiled.

**Item 5. Number of Items Reported.** Enter the total number of items (Circuit/Service ID's) including those reported on attached TSP Reconciliation Forms (SF 319) or sheets of paper.

**Item 6. Signature and Date.** The point of contact or a company official must sign and date the form.